

Director's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048- Boston Drug Lab

Week Ending: April 17, 2010

Folk_OIG_PRR_002807

Employee Name:	Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10
Corbett,Kate <i>Kate Corbett</i> 45161000	Day: In - Out		6:50 - 50 105 70	105 70			945 2:45
	Lunch: Out - In		12:00 12:30 12:00 12:30	12:00 12:30			12:00 12:30
	Outside Duty: From - To			10:00	10:40 4:35		
Document exceptions or comments, indicate type and amount.		Cambridge Dist Lowell Comp 1.5 hrs Lowell Dist Comp 1 hr. ✓					
Dookhan,Annie <i>Annie Dookhan</i> 45161000	Day: In - Out		6:45 3:15 6:45 3:15	6:45 3:15 6:45 3:15	6:45 3:15 6:45 3:15	6:45 3:00 6:45 3:00	10:00
	Lunch: Out - In		12:00 12:30 12:00 12:30		12:00 12:30 12:00 12:30	12:00 12:30 12:00 12:30	
	Outside Duty: From - To			10:00			
Document exceptions or comments, indicate type and amount.		Cambridge Dist 4:05 VAC ✓					
Feiden, Stacey <i>Stacy Feiden</i> 8400-9745	Day: In - Out		8:40 4:40 8:10 12:00 12:30	8:10 4:10 8:25 1:25 12:00 12:30 12:00 12:30	8:25 1:25 8:30 4:30 12:00 12:30 12:00 12:30	8:30 4:30 12:00 12:30	
	Lunch: Out - In			8:45 1:10			
	Outside Duty: From - To			BMC		3:0 3:10 ✓	
Document exceptions or comments, indicate type and amount.							
Frasca,Daniela <i>Daniela Frasca</i> 45161000	Day: In - Out		7:30 3:30 6:45 3:45 1:30 2:00 12:30 1:30	7:00 3:00 6:45 2:45 12:45 1:15 1:00 1:30	6:45 2:45 6:45 2:45 12:30 1:00 1:30 1:00	6:45 2:45 12:30 1:00	
	Lunch: Out - In						
	Outside Duty: From - To						
Document exceptions or comments, indicate type and amount.							

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Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

Folk_OIG_PRR_002809

Employee Name:		Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10
Philips, Gloria 45161000 <i>Gloria Philips</i> Employee Signature	Day: In - Out		8:45 4:45 -					
	Lunch: Out - In		12:00 12:30					
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				CMT 7.5 ✓	CMT 7.5 ✓	PER 7.5 ✓	CMT 7.5 ✓	
Piro, Peter 45161000 <i>Peter Piro</i> Employee Signature	Day: In - Out	8:55 4:55	7:45 3:45	8:30 4:30	8:45 -	8:15 4:15		
	Lunch: Out - In	12:00 1:00	12 12:30	12 - 12:30	-	12 12:30		
	Outside Duty: From - To					9:30 - 3:30 South Rte 20 D.		
Document exceptions or comments, indicate type and amount.								
Renczkowski, Daniel 45161000 <i>Daniel</i> Employee Signature	Day: In - Out	8:00 4:00	6:45 2:45	7:10 3:10	7:45 3:45	8:00 4:00	6:45 2:45	
	Lunch: Out - In	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	11:45 12:15	12:00 12:30	12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								OT 7.5 hrs
Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature	Day: In - Out	6:45 2:45	6:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In	1:30 2:00		1:45 2:15	1:45 2:15	1:45 2:15	1:30 2:00	12:15 12:45
	Outside Duty: From - To			8:45 1:10				
Document exceptions or comments, indicate type and amount.				BMC				OT 7.5

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Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10		Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10	
Sprague, Shirley 45161000 <i>Sprague</i> Employee Signature	Day: In - Out			910	510	900	510	905	510	905	505	1130	410		
	Lunch: Out - In			100	130	120	100	100	130	100	130	100	130		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															
Tan, Zhi 45161000 <i>Zhi</i> Employee Signature	Day: In - Out			6:45	10:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45		
	Lunch: Out - In					11:45	12:15	11:50	12:20						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															
Tran, Mai 45161000 <i>Mai</i> Employee Signature	Day: In - Out			850	1:20			930	4			815	215		
	Lunch: Out - In							1130	12						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															
45161000 Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															

See email

Director's Signature:

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Time Log/Program / Area: Drug Analysis Lab Boston

Week Ending:

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Salemi Charles 45161000 <i>Charles Salemi</i> Employee Signature	Day: In - Out			745	600	1000	615	1000	615	835	300	945	600		
	Lunch: Out - In			1205	1250	1205	1225	1205	1250	1205	1255	12	1245		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															
	Day: In - Out														
	Lunch: Out - In														
Employee Signature	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															
	Day: In - Out														
	Lunch: Out - In														
Employee Signature	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															
	Day: In - Out														
	Lunch: Out - In														
Employee Signature	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 4/17/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Palomino Date: 4/15/10

Department Head: Mme. Karp Date: 4/15/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	120459	7.5 hrs			
Nicole Medina	285766	7.5 hrs			
Daniel Penzakowski	297673	7.5 hrs			
Della Saumcales	147387	7.5 hrs			
Zhi Tan	148724	7.5 hrs			